

**MOTION FOR CONTINUANCE  
JUVENILE MATTERS**

JD-JM-140 Rev. 12-2000  
P.B. § 35-2 C.G.S. § 52-196

STATE OF CONNECTICUT  
**SUPERIOR COURT - JUVENILE MATTERS**

*www.jud.state.ct.us*

**INSTRUCTIONS TO PERSON MAKING MOTION**

*Complete all sections and submit to the person with caseload responsibilities.  
Please submit at least three days before the date of the scheduled event.*

IN RE: (Name of child/youth)

ADDRESS OF COURT

DATE OF SCHEDULED EVENT

NAME OF JUDGE WHO SCHEDULED EVENT FOR WHICH CONTINUANCE IS REQUESTED (If applicable)

DOCKET NO.

**DESCRIBE THE NATURE OF THE HEARING OR CONFERENCE FOR WHICH YOU ARE REQUESTING A CONTINUANCE:**

**REASON(S) FOR CONTINUANCE REQUEST: ("X" reason(s) and provide explanation)**

- ☐ COUNSEL NOT READY \_\_\_\_\_ ☐ LAY WITNESS NOT AVAILABLE (Name of witness) \_\_\_\_\_
- ☐ DISCOVERY NOT COMPLETE \_\_\_\_\_
- ☐ COUNSEL NOT AVAILABLE \_\_\_\_\_ ☐ OTHER \_\_\_\_\_
- ☐ PARTY NOT AVAILABLE (Name of party) \_\_\_\_\_
- ☐ EXPERT WITNESS NOT AVAILABLE (Name of witness) \_\_\_\_\_

*Continue explanation, if necessary:*

**For the above reason(s) I hereby request this case be continued to (date):** \_\_\_\_\_

**I hereby agree to be responsible for notifying my client and all counsel of record and pro se parties whether the continuance is granted or denied, and if granted, the new date of the scheduled event. I have contacted all counsel and pro se parties of record regarding my intention to seek a continuance. ALL SUCH COUNSEL AND PRO SE PARTIES:**

☐ **CONSENT** ☐ **DO NOT CONSENT** TO THE ABOVE MOTION FOR CONTINUANCE AND REQUESTED CONTINUANCE DATE.

**PLEASE NOTE: Agreement to continue a matter does not assure that the motion for continuance will be granted by the court.**

SIGNED (Person making motion)

NAME OF ATTORNEY OR PRO SE PARTY (Print or type)

**X**

PERSON MAKING MOTION IS:

- ☐ PETITIONER ☐ RESPONDENT MOTHER ☐ ATTORNEY FOR CHILD/YOUTH ☐ A.A.G. ☐ OTHER
- ☐ GUARDIAN ☐ RESPONDENT FATHER ☐ ATTORNEY FOR RESPONDENT ☐ PROSECUTOR ☐ PROBATION OFFICER

FIRM NAME, IF APPLICABLE

ADDRESS

PHONE NO. (With area code)

**ORDER**

MOTION FOR CONTINUANCE IS:

☐ GRANTED ☐ DENIED

MATTER CONT'D TO:

SIGNED (Judge)

DATE

I hereby certify that a copy of the above was mailed/delivered to all counsel and pro se parties of record on the date shown at right. A sheet is attached listing the name and address of each party served.

DATE COPIES MAILED/DELIVERED